

**400-00-7510**

**Use this test as a State Only return**

**Description:** Married filing EZ form with balance due, extension, and Direct Debit

**Forms:** AZ140EZ, 8453, (AZ204 should NOT transmit with this return)

**PATS Info**

**AZ 140EZ**

Extension Box checked, Balance Due, Direct Debit

Clean Elections Fund Tax Reduction checked (spouse only)

Family Income credit = \$80

Amount Paid with Extension = \$45

Voluntary Contribution to the Citizens Clean Elections Fund = \$2

Form  
1040EZ

Department of the Treasury - Internal Revenue Service

Income Tax Return for Single and  
Joint Filers With No Dependents (99) 2006

OMB No. 1545-0074

Label  
(See page 11.)Use the IRS  
label.Otherwise,  
please print  
or type.Presidential  
Election  
Campaign  
(page 12)

L A B E L  H E R E	Your first name and initial <b>TEST N</b>	Last name <b>EZEE</b>	Your social security number <b>400-00-7510</b>
	If a joint return, spouse's first name and initial <b>Mary J</b>	Last name <b>EZEE</b>	Spouse's social security number <b>400-00-7560</b>
	Home address (number and street). If you have a P.O. box, see page 11. <b>215 LAID BACK WAY</b>		Apt. no.
	City, town or post office, state, and ZIP code. If you have a foreign address, see page 11. <b>PHOENIX AZ 85014</b>		<p>▲ You must enter your SSN(s) above. ▲</p> <p>Checking a box below will not change your tax or refund.</p>

Check here if you, or your spouse if a joint return, want \$3 to go to this fund? . . . . . ☐ You ☐ Spouse

## Income

Attach  
Form(s) W-2  
here.Enclose, but  
do not attach,  
any payment.

<b>1</b> Wages, salaries, and tips. This should be shown in box 1 of your Form(s) W-2. Attach your Form(s) W-2.	1	<b>19,999</b>
<b>2</b> Taxable interest. If the total is over \$1,500, you cannot use Form 1040EZ.	2	
<b>3</b> Unemployment compensation and Alaska Permanent Fund dividends (see page 13).	3	
<b>4</b> Add lines 1, 2, and 3. This is your <b>adjusted gross income</b> .	4	<b>19,999</b>
<b>5</b> If someone can claim you (or your spouse if a joint return) as a dependent, check the applicable box(es) below and enter the amount from the worksheet on page 2. <input type="checkbox"/> You <input type="checkbox"/> Spouse If no one can claim you (or your spouse if a joint return), enter \$8,450 if <b>single</b> ; \$16,900 if <b>married filing jointly</b> . See page 2 for explanation.	5	<b>16,900</b>
<b>6</b> Subtract line 5 from line 4. If line 5 is larger than line 4, enter -0-. This is your <b>taxable income</b> .	6	<b>3,099</b>
<b>7</b> Federal income tax withheld from box 2 of your Form(s) W-2.	7	<b>1,195</b>
<b>8a</b> Earned income credit (EIC).	8a	
<b>b</b> Nontaxable combat pay election. 8b		
<b>9</b> Credit for federal telephone excise tax paid. Attach Form 8913 if required.	9	
<b>10</b> Add lines 7, 8a, and 9. These are your <b>total payments</b> .	10	<b>1,195</b>
<b>11</b> Tax. Use the amount on <b>line 6 above</b> to find your tax in the tax table on pages 24-32 of the booklet. Then, enter the tax from the table on this line.	11	<b>308</b>
<b>12a</b> If line 10 is larger than line 11, subtract line 11 from line 10. This is your <b>refund</b> . If Form 8888 is attached, check here <input type="checkbox"/>	12a	<b>887</b>

Payments  
and tax

## Refund

Have it directly  
deposited! See  
page 18 and fill  
in 11b, 11c,  
and 11d or  
Form 8888.

► **b** Routing number **XXXXXXXXXX** ► **c** Type: ☐ Checking ☐ Savings

► **d** Account number **XXXXXXXXXXXXXXXXXXXX**

Amount  
you owe**13** If line 11 is larger than line 10, subtract line 10 from line 11. This is  
the **amount you owe**. For details on how to pay, see page 19. ► **13**Third party  
designee

Do you want to allow another person to discuss this return with the IRS (see page 19)? ☐ Yes. Complete the following. ☒ No

Designee's name \_\_\_\_\_ Phone no. \_\_\_\_\_ Personal identification number (PIN)

Sign  
hereJoint return?  
See page 11.  
Keep a copy  
for your  
records.

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.

Your signature \_\_\_\_\_ Date \_\_\_\_\_ Your occupation **COOK** Daytime phone number **602-555-1212**

Spouse's signature. If a joint return, **both** must sign. \_\_\_\_\_ Date \_\_\_\_\_ Spouse's occupation **part time help**

Paid  
preparer's  
use only

Preparer's signature \_\_\_\_\_ Date **10-18-2006** Check if self-employed ☐ Preparer's SSN or PTIN **P24680000**

Firm's name (or yours if self-employed), address, and ZIP code **Busy Bees** EIN **20-1898989**  
**235 East Palmer St**  
**Franklin NC 28734** Phone no. **828-349-5867**

**STOP** If you are claiming estimated payments, you must use Arizona Form 140.  
If your Arizona taxable income is \$50,000 or more, you must use Arizona Form 140.

YOUR FIRST NAME AND INITIAL <b>1</b> <b>TEST N</b>		LAST NAME <b>EZEE</b>	YOUR SOCIAL SECURITY NO. <b>400-00-7510</b>
IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL <b>1</b> <b>Mary J</b>		LAST NAME <b>EZEE</b>	SPOUSE'S SOCIAL SECURITY NO. <b>400-00-7560</b>
PRESENT HOME ADDRESS - NUMBER & STREET, RURAL ROUTE APT. NO. <b>2</b> <b>215 LAID BACK WAY</b>		DAYTIME PHONE (with area code) <b>602-555-1212</b>	<b>89</b> <input checked="" type="checkbox"/> <b>X</b>
HOME ADDRESS CONTINUED <b>2</b>		HOME PHONE (with area code) <b>94</b>	Check this box if: <b>82F</b> <input checked="" type="checkbox"/> <b>Filing under extension</b>

CITY, TOWN OR POST OFFICE <b>3</b> <b>PHOENIX, AZ 85014</b>	STATE <b>88</b>	ZIP CODE <b>81</b>	FOR DOR USE ONLY <b>80</b>
--	--------------------	-----------------------	-------------------------------

<b>A t t a c h W-2 t o l a s t p a g e o f t h e r e t u r n . A T T A C H P A Y M E N T H E R E .</b>	<b>FILING STATUS:</b> Check one box.	
	<b>4</b> <input checked="" type="checkbox"/> Married filing joint return	
	<b>5</b> <input type="checkbox"/> Single	
	<b>6</b> Federal adjusted gross income from your federal return . . . . .	
	<b>7</b> Standard deduction and personal exemption. If you checked filing status box 4, enter \$12,694; if you checked filing status box 5, enter \$6,347 . . . . .	
	<b>8</b> Arizona taxable income. Subtract line 7 from line 6. If less than zero, enter zero. If \$50,000 or more, use Form 140 . . . . .	
	<b>9</b> Amount of tax from Optional Tax Rate Tables . . . . .	
	<b>10</b> Clean Elections Fund Tax Reduction. See instructions page 4. <b>101</b> <input type="checkbox"/> YOURSELF <b>102</b> <input checked="" type="checkbox"/> SPOUSE . . . . .	
	<b>12</b> Reduced tax. Subtract line 11 from line 9 . . . . .	
	<b>13</b> Family income tax credit from worksheet on page 5 of instructions . . . . .	
	<b>14</b> Clean Elections Fund Tax Credit from worksheet on page 5 of the instructions . . . . .	
	<b>15</b> Balance of tax. Subtract lines 13 and 14 from line 12. If the sum of lines 13 and 14 is more than line 12, enter zero . . . . .	
	<b>16</b> Arizona income tax withheld during 2006 . . . . .	
	<b>17</b> Amount paid with 2006 Arizona extension request (Form 204) . . . . .	
	<b>18</b> Increased Excise Tax Credit from worksheet on page 6 of the instructions . . . . .	
<b>19</b> Total payments/credits. Add lines 16 through 18 . . . . .		
<b>20 TAX DUE:</b> If line 15 is larger than line 19, subtract line 19 from line 15, and enter the amount of tax due. Skip lines 21 and 23 . . . . .		
<b>21 OVERPAYMENT.</b> If line 19 is larger than line 15, subtract line 15 from line 19 . . . . .		
<b>22 VOLUNTARY CONTRIBUTION TO THE CITIZENS CLEAN ELECTIONS FUND:</b> See page 6 of instructions. If making a contribution, check this box : <b>22A1</b> <input checked="" type="checkbox"/> and enter the amount . . . . .		
<b>23 REFUND.</b> Subtract line 22 from line 21. If less than zero, enter amount owed on line 24 . . . . .		
<b>Direct Deposit of Refund:</b> See instructions. ROUTING NUMBER ACCOUNT NUMBER <b>98</b> <input type="checkbox"/> <input type="checkbox"/> <b>C</b> <input type="checkbox"/> Checking or <b>S</b> <input type="checkbox"/> Savings		
<b>24 AMOUNT OWED.</b> Add lines 20 and 22. <b>Make check payable to Arizona Department of Revenue; include SSN on payment</b> . . . . . <input type="checkbox"/> <b>Payment enclosed. Check the box and attach payment.</b>		
<b>25</b> Last name(s) used in prior years if different from name(s) used in current year:		

<b>P L E A S E S I G N H E R E</b>	I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	
	YOUR SIGNATURE	<b>10-18-2006</b> <b>COOK</b> DATE OCCUPATION
	SPOUSE'S SIGNATURE	<b>10-18-2006</b> <b>part time help</b> DATE SPOUSE'S OCCUPATION
	PAID PREPARER'S SIGNATURE	<b>Busy Bees</b> FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)
	<b>P24680000</b> PAID PREPARER'S TIN	<b>10-18-2006</b> <b>Franklin, NC 28734</b> DATE PAID PREPARER'S ADDRESS

If you are sending a payment with this return, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ, 85072-2016.

If you are expecting a refund or owe no tax, or owe tax but are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ, 85072-2138.

00 - 900450 - 07510 - 7

FOR DOR USE ONLY. DO NOT WRITE OR STAPLE IN THIS SPACE.

**ARIZONA FORM**  
**AZ-8453****Arizona Individual Income Tax Declaration**  
**for Electronic Filing****2006**

For the year January 1 through December 31, 2006.

**PLEASE PRINT OR TYPE.**

YOUR FIRST NAME AND INITIAL <b>TEST N</b>	LAST NAME <b>EZEE</b>	YOUR SOCIAL SECURITY NO. <b>400-00-7510</b>
IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL <b>Mary J</b>	LAST NAME <b>EZEE</b>	SPOUSE'S SOCIAL SECURITY NO. <b>400-00-7560</b>
PRESENT HOME ADDRESS - NUMBER & STREET, RURAL ROUTE APT. NO. <b>215 LAID BACK WAY</b>	CITY, TOWN OR POST OFFICE <b>PHOENIX, AZ</b>	STATE ZIP CODE <b>85014</b>

**PART I - TAX RETURN INFORMATION**

1	Arizona Adjusted Gross Income . . . . .	1	<b>19,999</b> 00
2	Balance Of Tax . . . . .	2	<b>115</b> 00
3	Arizona Income Tax Withheld . . . . .	3	00
4	Refund . . . . .	4	00
5	Amount You Owe . . . . .	5	<b>22</b> 00

**PART II - FINANCIAL INSTITUTION INFORMATION -**

Must be present when requesting direct debit or deposit.

TYPE OF ACCOUNT <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings	ROUTING NUMBER <b>1 2 3 4 5 6 7 8 0</b>
ACCOUNT NUMBER <b>4 4 4 0 0 0 5 5 5 5</b>	
DIRECT DEBIT REQUEST DATE <b>0 3 3 1 2 0 0 7</b>	DIRECT DEBIT PAYMENT AMOUNT <b>\$ 2 2 .00</b>

**PART III - DECLARATION OF TAXPAYER - Sign only after completing Part I**

- 6a** ☐ I consent that my refund be directly deposited as designated in the electronic portion of my 2006 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- 6b** ☐ I do not want direct deposit of my refund or I am not receiving a refund.
- 6c** ☒ I authorize the Arizona Department of Revenue (DOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability by April 16, 2007, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, the electronic portion of my state return will also be rejected.

Under penalties of perjury, I declare that the information I have given my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2006 Arizona income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO or OLSP sending my return and accompanying schedules and statements to DOR, and I consent to my ERO or OLSP sending such information to DOR through a transmitter. I consent to DOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted, and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize DOR to disclose to my ERO, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If DOR contacts my ERO for a copy of my return, any attachments or schedules to my return, and/or this executed Form AZ-8453, I authorize my ERO to release copies of the requested documents to DOR.

Sign Here	10-18-2006	10-18-2006
	YOUR SIGNATURE	DATE
		SPOUSE'S SIGNATURE (If joint return, both must sign.)
		DATE

**PART IV - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER (See instructions)**

I declare that I have reviewed the above taxpayer's return and that the entries on Form AZ-8453 are complete and correct to the best of my knowledge. The taxpayer will have signed this form before I submit the return. I will give the taxpayer a copy of all forms and information to be filed with the Arizona Department of Revenue a copy of this Form AZ-8453. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Use Only	10-18-2006	CHECK IF PAID PREPARER <input checked="" type="checkbox"/>	CHECK IF SELF-EMPLOYED <input type="checkbox"/>	P24680000
	SIGNATURE OF ERO	DATE		SSN or PTIN
	<b>Busy Bees</b>			<b>20-1898989</b>
	FIRM'S NAME (or yours if self-employed)	<b>235 East Palmer St</b>		EIN
		<b>Franklin, NC 28734</b>		<b>828-349-5867</b>
	FIRM'S ADDRESS (include zip code)		TELEPHONE NO. (with area code)	

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only		CHECK IF SELF-EMPLOYED <input type="checkbox"/>	
	PREPARER'S SIGNATURE	DATE	SSN or PTIN
	FIRM'S NAME (or yours if self-employed)		EIN
	FIRM'S ADDRESS (include zip code)		TELEPHONE NO. (with area code)

\*\*\*\*\*KEEP FOR YOUR RECORDS\*\*\*\*\*

**Clean Elections Fund Tax Reduction Worksheet**

You may designate \$5 of your tax go to the Clean Elections Fund and may also reduce your tax by up to \$5. If you are married filing a joint return, both you and your spouse may make this designation and also reduce your tax by up to \$10.

**NOTE:** Amounts designated to the Clean Elections Fund Tax Reduction do not qualify for the Clean Elections Fund Tax Credit.

1. Enter the amount of tax from Form 140  
line 22, Form 140NR line 25, or Form 140PY  
line 25. . . . . 1. 200
  
2. If you checked the box for yourself, enter \$5.  
If a joint return and your spouse also checked  
the box for spouse, enter \$10. . . . . 2. 5
  
3. Balance of tax eligible for tax reduction.  
Subtract line 2 from line 1. If less than  
zero, enter zero "0". . . . . 3. 195
  
4. If you checked the box for yourself, enter \$5.  
If a joint return and your spouse also checked the  
box for spouse, enter \$10. . . . . 4. 5
  
5. Tax reduction. Enter the lesser of line 3  
or line 4. Also enter this amount on Form  
140, line 24, Form 140NR line 27, or Form  
140PY line 27. . . . . 5. 5

## \*\*\*\*\*KEEP FOR YOUR RECORDS\*\*\*\*\*

**FAMILY INCOME TAX CREDIT**

You may take this credit if you meet the income threshold for your filing status.

- Complete steps 1, 2, and 3 in the instructions to see if you qualify for this credit.
- If you qualify to take this credit, complete this worksheet from Step 4 of the instructions.

1. Enter the number of dependents you entered on Form 140 or 140PY, page 1, box 10, excluding persons listed on page 2, line A3. . . . . \_\_\_\_\_
2. Number of personal exemptions. If you checked filing status 4, enter the number 2 here. If you checked filing status 5, 6, or 7, enter the number 1 here. . . . . 2
3. Add lines 1 and 2. Enter the result. . . . . 2
4. Multiply the amount on line 3 by \$40. Enter the result. . . . . 80
5. If you checked filing status 4 or 5, enter \$240 here.  
If you checked filing status 6 or 7, enter \$120 here. . . . . 240
6. Family income tax credit. Enter the lesser of line 4 or line 5. . . 80  
Also enter this on Form 140, page 1, line 26 or  
Form 140PY, page 1, line 29.

NOTE: The family income tax credit will only reduce your tax and cannot be refunded.

## \*\*\*\*\*KEEP FOR YOUR RECORDS\*\*\*\*\*

**Credit For Increased Excise Taxes**

You may take this credit if you meet all of the following:

1. You meet the income threshold for your filing status.
2. You are not claimed as a dependent by any other taxpayer.
3. You were not sentenced for at least 60 days of 2006 to a county, state or federal prison.

If you are married filing a joint return, or a head of household, you may take this credit if the amount on Form 140, line 12 or Form 140PY, line 14 is \$25,000 or less. If you are single or married filing a separate return, you may take this credit if the amount is \$12,500 or less.

To figure your credit, complete the following worksheet.

**NOTE:** Do not complete the following worksheet if you are claiming the property tax credit on Form 140PTC. Use Form 140PTC to figure both the credit for increased excise taxes and the property tax credit. If you are claiming both the credit for increased excise taxes and the property tax credit, enter the increased excise tax credit from Form 140PTC, page 1, line 17 here and enter the property tax credit from Form 140PTC, page 1, line 15 on line 36.

**Credit for Increased Excise Taxes Worksheet**

Check one

If you checked filing status 4 or 5, is the amount on Form 140, line 12 or Form 140PY line 14, \$25,000 or less?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you checked filing status 6 or 7, is the amount on Form 140, line 12 or Form 140PY line 14, \$12,500 or less?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

**If you checked no, STOP. You do not qualify for this credit.**

**If you checked yes, complete the rest of this worksheet.**

1. Enter the number of dependents you entered on Form 140, or Form 140PY, box 10, excluding persons listed on Page 2, line A3. . . . . 1. \_\_\_\_\_
2. Number of personal exemptions.  
If you checked filing status 4, enter the number 2 here. If you checked filing status 5, 6, or 7, enter the number 1 here. . . . . 2. 2
3. Add lines 1 and 2. Enter the result. . . . . 3. 2
4. Multiply the amount on line 3 by \$25. Enter the result. . . . . 4. 50
5. Maximum credit. . . . . 5. 100
6. Enter the smaller of line 4 or line 5 here and also on Form 140, line 34 or Form 140PY, line 37. . . . . 6. 50

**NOTE:** The credit cannot exceed \$100 per household. Do not claim this credit if someone else in your household has already claimed \$100 of the credit. If someone else in your household has claimed less than \$100, you may claim the credit as long as all credit claims filed from your household do not exceed \$100.





<b>a</b> Control number		OMB No. 1545-0008		<b>Safe, accurate, FAST! Use</b> <b>IRS e-file</b> Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a> .	
<b>b</b> Employer identification number (EIN) 11-6321572			<b>1</b> Wages, tips, other compensation 17,999		<b>2</b> Federal income tax withheld 895
<b>c</b> Employer's name, address, and ZIP code LOAFERS SANDWICH SHOPPE  MAIN STREET PLAZA Phoenix AZ 85024			<b>3</b> Social security wages 17,999		<b>4</b> Social security tax withheld 1,116
			<b>5</b> Medicare wages and tips 17,999		<b>6</b> Medicare tax withheld 261
			<b>7</b> Social security tips		<b>8</b> Allocated tips
<b>d</b> Employee's social security number 400-00-7510			<b>9</b> Advance EIC payment		<b>10</b> Dependent care benefits
<b>e</b> Employee's first name and initial      Last name  TEST N                      EZEE 215 LAID BACK WAY PHOENIX                      AZ 85014			<b>11</b> Nonqualified plans		<b>12a</b> See instructions for box 12 Local
			<b>13</b> Statutory employee   Retmnt. plan   Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<b>12b</b> Local
			<b>14</b> Other		<b>12c</b> Local
					<b>12d</b> Local
<b>f</b> Employee's address and ZIP code					
<b>15</b> State    Employer's state ID no. AZ 112177	<b>16</b> State wages, tips, etc. 17,999	<b>17</b> State income tax	<b>18</b> Local wages, tips, etc.	<b>19</b> Local income tax	<b>20</b> Locality name

Form **W-2** **Wage and Tax Statement**

**2006**

Department of the Treasury Internal Revenue Service

**Copy B - To Be Filed With Employee's FEDERAL Tax Return.**  
This information is being furnished to the Internal Revenue Service.

**The information on this Form W-2 was used to prepare the taxpayer's 2005 Federal tax return by Busy Bees.**